DOCUMENT RESUME

ED 155 510 CG 012 451

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TITLE Intimacy: An Intervening Factor in Adaptation.
SPONS AGENCY Administration on Aging (DHEW), Washington, D.C.
PUB DATE 21 Nov 77
GRANT 90-A-455/01
NOTE 19p.; Paper presented at the Conference of the Gerontological Society (29th, New York, N.Y., October, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Adjustment (to Environment); Adults; *Affective Behavior; *Affiliation Need; *Emotional Adjustment; *Marriage; *Personal Adjustment; Psychological Needs; Quality of Life; Research Projects; *Stress Variables
IDENTIFIERS *Intimacy

ABSTRACT

The primary objectives of this research are to define intimacy more distinctly (including what constitutes greater depth or higher levels of intimacy); to explore the changes across adult life; and most importantly, to assess the respective degree of association intimacy has with adaptation to life stress. A series of studies were undertaken to define and operationalize the concept of intimacy. The results produced 16 items that defined the parameters of intimacy and provided the content for the intimacy instrument. A sample of 35 professional judges rank-ordered the 16 intimacy dimensions for their degree of importance in an ideal opposite-sex and same-sex relationship. Life stress was measured by the Life Events Questionnaire, and adaptation was assessed by the General Morale Index and a 42-item psychosomatic symptom checklist. A sample of 171 men and women was selected from the San Francisco Human Development Research Program's Longitudinal Study of Transitions. Each was experiencing one of four major life transitional stages. The research results support the notion that once a minimum level or threshold of intimacy is established between older married couples, it then has the power to intervene or buffer one from the stresses accompanying the aging process. (Author)

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November 21, 1977

INTIMACY: AN INTERVENING FACTOR IN ADAPTATION*

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This paper explores the relationship between interpersonal intimacy and adaptation to stress throughout the adult life. Intimacy, an emotional closeness between two human beings, has not only been defined as a human need, but one with basic or instinctual characteristics (Freud, 1922; Maslow, 1954; Bowlby, 1958; Harlow and Zimmermann, 1959). As a basic need, it has been argued that a lack of fulfillment of interpersonal intimacy can inhibit psychological health, growth or development (Erikson, 1950; Sullivan, 1953; Maslow, 1954), or worse, can result in various forms of maladaption (Jourard, 1964; Montagu, 1966; Otto and Mann, 1968). In fact, Jourard (1964) argues that "when we are not truly known by other people in our lives, we are misunderstood... worse, when we succeed too well in hiding our being from others, we tend to lose touch with ourselves, and this loss of self contributes to illness in its myriad forms."

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* This research was supported by AoA grant #90-A-455/01 and NIA grant # AG00002-05.

Paper presentation at the 30th Annual Scientific Meeting of the Gerontological Society, San Francisco, California, November 18-22, 1977.

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In other words, the inability to disclose oneself to another, an important dimension of intimacy according to Taylor (1968), is literally a lethal aspect, particularly of the male role, perhaps contributing to the shorter life expectancy in men. Therefore, the main objectives of this research are not only to define intimacy more distinctly (including what constitutes greater depth or higher levels of intimacy), and to explore the chances across the adult life, but most importantly, assess the respective degree of association intimacy has with adaptation to life stress.

While the link between interpersonal intimacy and one's state of well-being or adaptation may seem evident, there is very little documentation of the qualitative nature of intimacy, let alone its role as a resource for adaptation in the face of stress. Nevertheless, some indirect documentation of the needfor intimacy with others can be observed in a variety of ways. For example, extreme forms of isolation as portrayed in various literary works depict the devastating qualities associated with the lack of intimate contact with others. Harlow and Zimmermann (1959) in their work with animals empirically demonstrated that a lack of physical contact or intimacy between an infant and its mother produced maladaptation later on. In another example, Spitz and Wolf (1946) found that isolated institutionalized infants had a higher illness and mortality rate than those infants who had human contact. Therefore, it is quite reasonable to ascertain that there is a close association between the lack of physical and emotional contact among higher animals and man earlier in life and a variety of forms of maladaptation or illness, including death, later in life.

On the other hand, research has established that in normal aging, with the loss of various social life roles, the aged become isolated and alone (Townsend, 1963). This reduction in social interactions has a deleterious affect on feelings of well-being (Lowenthal, Berkman and Associates, 1967), in particular when social withdrawal is involuntary (Lowenthal and Boler, 1965). Whether such reductions in social interaction of later adulthood are accompanied by definitive changes from earlier adulthood in the qualitative nature of intimacy is not known. Perhaps developmental changes in intimacy contribute to a decrease in the sense of well-being in the older person. It is posited here however, that a remaining intimate relationship with a close friend or spouse will act as a positive psychological resource in meeting these losses and other life stresses as one ages.

In a pioneering study, Lowenthal and Haven (1968) explored the relationship of interpersonal intimacy on adaptation to social stress within an urban aged sample. They concluded that the presence of a confidant served as a buffer both against gradual social losses in role and interaction and against more traumatic losses accompanying widowhood and retirement. Intimacy, however, is not unidimensional, incorporating only the presence or absence of a confidant, but rather multidimensional in which a variety of qualitative dimensions contribute to varying depths or levels of intimacy. Consequently, the degree to which a relationship contributes to adapting to life stress may depend on the depth or level of intimacy established and not just to the presence or absence of another person.

The inhibiting or "buffering" relationship that varying depths or levels of intimacy has on experiencing stress may occur on both a psychological and physiological level. Some supportive evidence of this was presented by Back and Bogdonoff (1964). They found that a group of friends experiencing the physical stress of blood withdrawal had lower levels of fatty acids in their blood than did a group of strangers, therefore inhibiting the full impact of the stressor. On a more encompassing level, Bruhn and Associates (1966) found that a cohesive and mutually supportive community, with strong family and neighborly ties, had a lower mortality rate due to heart disease than a non-cohesive or non-supportive matched community or to the United States as a whole. Therefore, it not only seems evident that the mere presence of others during stressful situations has an impact on both physiological and psychological adaptation, but clearly, more qualitative aspects within the relationship or the social environment seem to affect the outcome even more. In addition, this buffering effect appears to extend beyond the particular time and place of the stress into one's general state of physical and mental well-being.

In order to explore the relationship between intimacy and adaptation to stress over the adult life, a series of studies were undertaken to define and operationalize the concept of intimacy. In short, the results produced 16 items that defined the parameters of intimacy and provided the content for the measurement instrument (refer to Table 1: WIR). These 16 intimacy dimensions were then rank ordered by an independent sample of 35 professional judges for the degree of importance in an ideal opposite-sex and same-sex relationship. The results indicated that a different

TABLE 1

WIR

(Weiss' Intimacy Rankings)

1. Has a similar or complementary personality
2. Has similar interests
3. Has similar attitudes (ideas, values, beliefs, morals, ethics)
4. Shares activities with me
5. Likes me
6. Is comfortable and easy to be with
7. Is enjoyable, entertaining company
8. Knows me well
9. I respect him or her
10. Is supportive and accepting
11. Is dependable and trustworthy
12. Would help me out in a crisis
13. Is someone I can confide in
14. Is physically attractive
15. Provides sexual satisfaction
16. We feel a strong emotional attraction for each other

configuration of important dimensions for inclusion into deeper levels of intimacy existed for men and women and for the sex of the intimate other. Consequently, four profiles were established in order to determine greater depth with intimacy. They consisted of the following dimensions:

Males		Females	
Same-Sex Relationship	Opposite-sex Relationship	Same-sex Relationship	Opposite-sex Relationship
Confides in	Emotional Attraction	Supportive	Emotional Attraction
Comfortable	Confides in	Dependable	Likes me
Dependable	Comfortable	Likes me	Confides in
Respect him	Provides sexual Satisfaction	Confides in	Supportive
Supportive	Likes me		Respect him
Knows me well	Supportive		
Likes me			

The summation of inverted ranks of each appropriate dimension for the above 4 criteria groups were used in determining a "level of intimacy" score.*

The intimacy instrument (WIR), assessing level of friendship and spouse intimacy, was administered to the main study sample, which consisted of 171 men and women drawn from the San Francisco Human Development Research Program's Longitudinal Study of Transitions. They were mainly white, middle and lower-middle class people residing in a large urban city. The sample ranged in age from 21 to 72, but primarily were chosen because they were experiencing one of the following four major life transitional stages:

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* Level of intimacy scores were standardized ($\bar{X} = 50$) and ranged from 22-77, higher score indicated more intimacy; test-retest reliability ranged from R = .67 to .77.

High school graduation; Newlywed; Middle-aged parents whose youngest child was leaving home (empty nest); and retired persons. In addition to the intimacy instrument (WIR), life stress was measured by the Life Events Questionnaire* and adaptation was assessed by two instruments:

(1) Morale: General Morale Index*

(2) Symptoms: 42-item psychosomatic symptom checklist*

A correlational research design provided the operational model for assessing the degree of impact that friendship and spouse intimacy had on adaptations to stress within the various adult life transitional stages.

The results indicated that men and women conceive friendship and spouse intimacy differently and that the level of intimacy differs from one adult life stage cohort to another. In other words, this cross-sectional data revealed significant differences for the level of spouse intimacy from one life stage and sex grouping to another (refer to Table 2). The overall effect was a significant decrease from the two younger stages to the two older stages, thus, somewhat supportive of a disenchantment theory of marital relations as advocated, for example, by Pineo (1968). This general decrease in the level of spouse intimacy, however, waxes and wanes according to each life stage and sex cohort. The changing pattern involved in the women's level of spouse intimacy appears to coincide with the developmental phenomena of the formation and culmination of the parental role. That is, the highest level of intimacy

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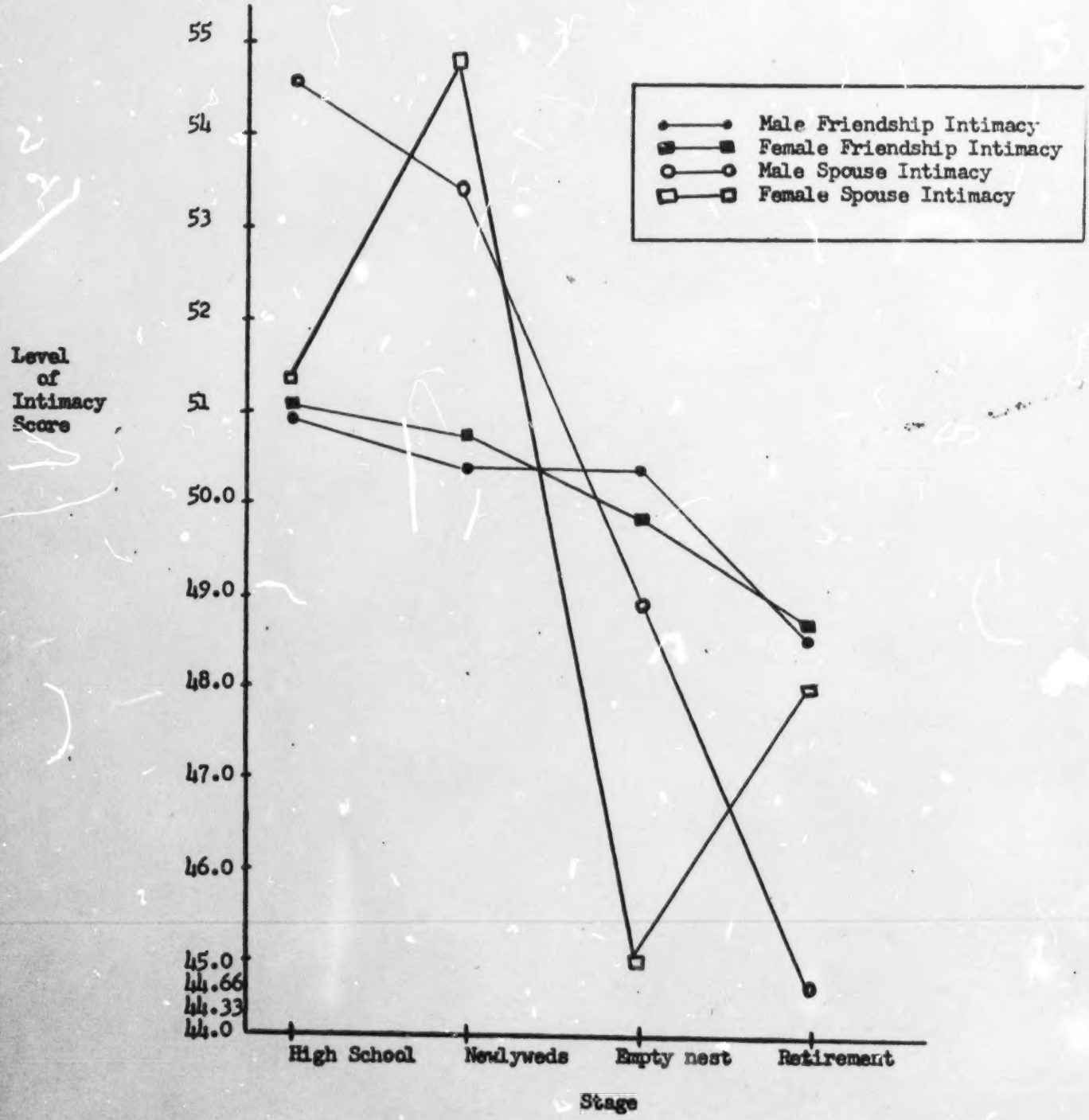
* Refer to Lowenthal, Thurhner, Chiriboga and Associates (1975). Four Stages of Life: A comparative study of women and men facing transitions. San Francisco: Jossey-Bass, 1975.

TABLE 2

LEVEL OF INTIMACY SCORES
BY
STAGE AND SEX



occurred for the newlywed women about to become mothers, while the lowest level occurred for the middle-age mothers losing their last child. The men, on the other hand, displayed a consistently lower level of intimacy from one cohort stage to another with the retirement stage having the lowest level. One possible explanation for this decrease is that a link exists between the men's level of intimacy and their occupational or instrumental status. Consequently, the men's change or loss of occupational identity (particularly with retirement) seems to influence their interpersonal lives with a decrease in spouse intimacy. Both cohorts of retired men and empty-nest women have been previously identified as high risk, desperate groups, potentially in need of professional help (Lowenthal and Weiss, 1976). The present findings seem to support this potential need.

The level of friendship intimacy, however, remained constant across the life span, with a slight non-significant tendency to decrease with each stage of cohorts. This constant level of intimacy may not only imply that the important functions of close friends remain fairly stable throughout life, but also that the situational factors which affect each stage have little or no relationship on the level of friendship intimacy attained. Therefore, given this stability and situational independence, the potential resourcefulness of close friends in times of stress should be greater than a spouse relationship, especially when the stresses and strains of a particular stage focus on family or marital affairs (as in the empty-nest women). Therefore, the questions that arise are:

(1) what kind of relationship exists between the level of intimacy and adaptation to stress; (2) what differential affect does friendship and spouse intimacy have on adaptation; and (3) does age, life stage or sex have any influence on the relationship between the level of intimacy and adaptation to stress?

Initially it was thought that perhaps a direct relationship existed between the level of intimacy and either the degree of stress or adaptation. The results indicated, however, that no significant correlations existed between the level of intimacy and the amount of negative events experienced or the level of morale and psychosomatic symptoms. This independent function existed for both the level of friendship and spouse intimacy, indicating that neither the stability of friendship intimacy nor the waxing and waning of spouse intimacy had any influence (either causative or outcome) on the amount of negative events experienced or the level of health and happiness the people were functioning at.

Since no direct relationship existed between intimacy and adaptation or stress, the role of intimacy as an indirect or intervening factor was explored. To accomplish this, the correlations between stress and adaptation were examined according to subsamples of high and low levels of intimacy (determined by dichotomizing the level of intimacy at the mean). The results for the total sample generally do not support the role of intimacy as an intervening or mediating factor in adaptation to stress. However, when life stage, sex, and type of relationship are taken into consideration, significant differences result

(refer to Table 3 and 4). Some differences in the strength of the correlation between stress and adaptation existed for friendship intimacy level (Table 3), but the majority occurred for spouse intimacy level (Table 4), indicating its greater potential as an intervening factor.

More specifically, the correlations between stress and adaptation were significantly greater for the younger (high school and newlyweds) respondents who had a higher level of spouse intimacy (primarily the newlywed females), but for the older respondents (middle-aged and retired), who had a lower level of spouse intimacy. In other words, those older people who had a low level of intimacy with their spouses became more maladapted with increasing stress. However, those older people who had a high level of spouse intimacy did not display such a significant relationship between stress and adaptation. Therefore, spouse intimacy is not only more important than friendship intimacy in adapting to stress, it appears to reverse its effect from younger people to older people and in fact, have quite a detrimental effect on the relationship between stress and adaptation if not at least minimumly attained among those older people. In other words, spouse intimacy can be conceived as having a buffering or intervening effect for older adults. Further, this buffering effect occurred only for the men's morale, but both morale and psychosomatic symptoms for the women.

In conclusion, this research supports the notion that once a minimum level or threshold of intimacy is established between older married couples,

it then has the power to intervene or buffer one from the stresses accompanying the aging process. The achievement of a minimum level of intimacy within such a dyadic relationship therefore acts as a critical intervening factor in surviving various stresses in later life and perhaps is a necessary requirement for survival.

TABLE 3

PEARSON CORRELATION COEFFICIENTS BETWEEN STRESS AND ADAPTATION (MORALE AND SYMPTOMS) BY FRIENDSHIP INTIMACY

Correlations between Stress and Morale (N)

		Total Sample	Young	Old	Male	Female	High Sch	Newly wed	Empty nest	Retired	Young Males	Young Females	Old Males	Old Females
Friendship Intimacy Level	Hi	-.32 (91)	-.28 (47)	-.42 (44)	-.28 (43)	-.35 (48)	-.19 (27)	-.51 (20)	-.64 (23)	0 (21)	-.34 (21)	-.24 (26)	-.25 (22)	-.58 (22)
	Low	-.42 (91)	-.32 (44)	-.56 (47)	-.44 (46)	-.41 (45)	-.25 (19)	-.43 (25)	-.54 (21)	-.63 (26)	-.36 (24)	-.29 (20)	-.56 (22)	-.57 (25)
(t) Significance of the Difference between Correlations		N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	t=2.4 p≤.01	N.S.	N.S.	t=1.2 p≤.10	N.S.

Correlations between Stress and Symptoms (N)

		Total Sample	Young	Old	Male	Female	High Sch	Newly wed	Empty nest	Retired	Young Males	Young Females	Old Males	Old Females
Friendship Intimacy Level	Hi	.39 (91)	.42 (47)	.40 (44)	.08 (43)	.50 (48)	.42 (27)	.32 (20)	.62 (23)	.19 (21)	.11 (21)	.47 (26)	.19 (22)	.56 (22)
	Low	.31 (91)	.23 (44)	.36 (47)	.34 (46)	.34 (45)	.53 (19)	.03 (25)	.43 (21)	.16 (26)	.31 (24)	.07 (20)	.27 (22)	.57 (25)
(t) Significance of the Difference between Corr.		N.S.	t=1.0 p≤.10	N.S.	t=1.2 p≤.10	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	t=1.4 p≤.08	N.S.	N.S.

TABLE 4

PEARSON CORRELATION COEFFICIENTS BETWEEN STRESS AND ADAPTATION (MORALE AND SYMPTOMS) BY SPOUSE IMTIMACY

Correlations between Stress and Morale (N)

		Total Sample	Young	Old	Male	Female	High Sch	Newly wed	Empty nest	Retired	Young Males	Young Females	Old Males	Old Females
Friendship Intimacy Level	Hi	-.38 (78)	-.42 (51)	-.08 (27)	-.32 (40)	-.42 (38)	-.20 (21)	-.67 (30)	-.39 (15)	-.20 (12)	-.40 (23)	-.43 (28)	-.13 (17)	-.00 (10)
	Low	-.33 (104)	-.17 (40)	-.57 (64)	-.40 (49)	-.32 (55)	-.17 (25)	-.03 (15)	-.57 (29)	-.52 (35)	-.31 (22)	-.13 (18)	-.50 (27)	-.62 (37)
(t) Sig. of the Difference between Correlations		N.S.	t=2.1 p≤.01	t=2.4 p≤.01	N.S.	N.S.	N.S.	t=2.3 p≤.01	N.S.	t=2.1 p≤.02	N.S.	t=1.2 p≤.10	t=1.2 p≤.10	t=1.7 p≤.04

Correlations between Stress and Symptoms (N)

		Total Sample	Young	Old	Male	Female	High Sch	Newly wed	Empty nest	Retired	Young Males	Young Females	Old Males	Old Females
Friendship Intimacy Level	Hi	.36 (78)	.45 (51)	.20 (27)	.30 (40)	.37 (38)	.51 (21)	.35 (30)	.59 (15)	-.50 (12)	.46 (23)	.42 (28)	.21 (17)	.18 (10)
	Low	.36 (104)	.28 (40)	.49 (64)	.18 (49)	.47 (55)	.48 (25)	-.25 (15)	.52 (29)	.42 (35)	.06 (22)	.49 (18)	.25 (27)	.65 (37)
(t) Sig. of the Diff. Between Correlations		N.S.	N.S.	t=1.4 p≤.08	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	t=1.4 p≤.09	N.S.	N.S.	t=1.4 p≤.08

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